

PAYEE DATA RECORD**(Required in lieu of IRS W-9 when doing business with the State of California)**

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

<div data-bbox="105 346 138 388">1</div> <div data-bbox="105 409 203 493">PLEASE RETURN TO:</div>	<div data-bbox="227 336 885 409">DEPARTMENT/OFFICE</div> <div data-bbox="227 409 885 472">STREET ADDRESS</div> <div data-bbox="227 472 885 535">CITY, STATE, ZIP CODE</div> <div data-bbox="227 535 885 598">TELEPHONE NUMBER</div>	<div data-bbox="909 346 1534 535">PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments.</div> <div data-bbox="998 535 1437 577">(See Privacy Statement on Page 2)</div>
<div data-bbox="105 609 138 651">2</div> <div data-bbox="170 609 1534 640">PAYEE'S BUSINESS NAME</div> <div data-bbox="170 745 1534 787">MAILING ADDRESS (Number and Street or P.O. Box Number)</div> <div data-bbox="170 829 1534 871">(CITY, STATE, and ZIP CODE)</div>		
<div data-bbox="105 924 138 966">3</div> <div data-bbox="97 976 251 1060">PAYEE ENTITY INFORMATION</div>	<div data-bbox="276 913 1258 945">CHECK ONE BOX ONLY</div> <div data-bbox="276 976 1258 1228"> <div data-bbox="276 976 885 1228"> <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) <div data-bbox="365 1186 706 1228"> - </div> </div> <div data-bbox="909 976 1258 1060"> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST </div> </div> <div data-bbox="276 1249 1258 1375"> <input type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FULL NAME <div data-bbox="365 1312 1226 1354"> - - _____</div> </div>	<div data-bbox="1291 976 1526 1144">NOTE: State and local governmental entities, including school districts are not required to submit this form.</div> <div data-bbox="1291 1207 1526 1375">NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</div>
<div data-bbox="105 1386 138 1428">4</div> <div data-bbox="105 1470 251 1554">PAYEE RESIDENCY STATUS</div>	<div data-bbox="276 1386 1258 1417">CHECK APPROPRIATE BOX(ES)</div> <div data-bbox="276 1438 1258 1690"> <input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <div data-bbox="332 1596 1177 1627"><input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED</div> <div data-bbox="332 1638 901 1669"><input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA</div> </div>	<div data-bbox="1291 1386 1526 1732"> NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2) </div>
<div data-bbox="105 1743 138 1785">5</div> <div data-bbox="97 1806 251 1858">CERTIFYING SIGNATURE</div>	<div data-bbox="341 1743 1339 1795">I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</div> <div data-bbox="276 1806 1534 1963"> <div data-bbox="276 1806 917 1879">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</div> <div data-bbox="933 1806 1534 1879">TITLE</div> <div data-bbox="276 1879 917 1963">SIGNATURE</div> <div data-bbox="933 1879 1209 1963">DATE</div> <div data-bbox="1226 1879 1534 1963">TELEPHONE NUMBER</div> </div>	

PAYEE DATA RECORD

STD 204 (Rev. 2-2000) (Page 2)

ARE YOU A RESIDENT OR A NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the State of California must indicate their residency status along with their taxpayer identification number.

A **corporation** will be considered a "resident" if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For **individuals/sole proprietors**, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. As estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the United States, call	1-800-852-5711
From outside the United States, call	1-916-845-6500
For hearing impaired with TDD, call	1-800-822-6268

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident vendors, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident vendors performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the vendor are \$1500 or less for the calendar year.

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board
Nonresident Withholding Section
Attention: State Agency Withholding Coordinator
P.O. Box 651 Sacramento, CA 95812-0651
Telephone: (916) 845-4900
FAX: (916) 845-4831

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.

PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109. The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section 1 on page 1.